

Child and Family Services Complaint Resolution Process

The purpose of the Child and Family Services Complaint Resolution Procedure is to assist the agency, Child and Family Services Division (CFSD) staff, and you in addressing concerns/complaints about CFSD practices or staff.

The CFSD is committed to ensuring that the child's best interest are served while at the same time ensuring that all involved with the child are treated with respect and dignity. CFSD wants to ensure that staff actions in all cases comply with best practice principles and comply with statutory requirements.

The relationship between the department, parents, and extended family can be emotional when CFSD becomes involved with a family; therefore, disputes may occur over CFSD actions. This process is designed to address the disputes/concerns in an objective, respectful manner.

Prior to making a complaint, please carefully review the following procedures.

What is a Complaint?

- For the purposes of the CFSD Complaint Resolution Process, a complaint is a statement regarding the conduct of a CFSD employee or a foster parent in performing his/her duties as described in the CFSD Policy Manual, CFSD Licensing Policy Manual, or the Montana Code Annotated. CFSD cannot respond to statements regarding the conduct of the courts, attorneys, or law enforcement - each party's attorney must address those concerns. CFSD also cannot respond to complaints about other employees of the State, other family members or other providers of services to children.

Who is a complainant?

- A complainant is any person who is the subject of an investigation of a report of child abuse or neglect or any parent, guardian, or legal custodian of a child who is the subject of a report of abuse or neglect and brings a complaint against CFSD employee.
- A complainant may also be a member of the subject of an abuse or neglect investigation's extended family and who has a vested interest in the safety or placement of a child. **NOTE:** Extended family members need to know that the department may not be able to communicate confidential case information without a release of information.

What issues may complaints be made about?

- Being treated with fairness, respect, and dignity
- Sensitivity to culture
- Lack of involvement in case planning and decision making
- A breach of confidentiality
- Concern for the safety of a child
- A violation of CFSD Policy

What are the complaint resolution processes available to me within the Division?

Option 1. Contacting the worker and the supervisor is typically the best first step. The opportunity to meet with them to discuss your concerns should allow for the most immediate and expedited resolution.

- Remember when people are angry they often do not communicate effectively or clearly. Take some time to calm down, think about what is happening and how it could change.
- Organize your thoughts and the points you would like to make and the solution you are seeking and contact your CPS.
- Phone the CPS, let her or him know that you have a complaint and ask for a meeting with them and their supervisor. If you prefer to meet by phone, request a date and time. Child Protection Specialists are often very busy so you will get the best service when you have a scheduled appointment. If you leave a message, you can expect a call back within 48 hours.
- When you meet face-to-face or over the phone, the CPS and the supervisor will listen to you and make a record of what was said. They may ask you to provide more details. They are not trying to be difficult; they are trying to make sure they understand.
- The CPS and the supervisor may be able to resolve your complaint immediately. There will be times though when they must consult or talk with other staff who may be involved. If this is the case, the CPS and/or the supervisor will set a date and time to respond to you on the proposed resolution. This should be no longer than 5 working days from the date of the meeting.

Option 2. Available in each region is a Child Welfare Manager. Child Welfare Managers are specifically charged with the responsibility of hearing and assessing complaints/concerns from a complainant.

Please use the contact information below to contact the Child Welfare Manager associated with your case location. Your initial contact with the Child Welfare Manager will involve some information gathering and clarifying questions to assure that your issues/concerns are clearly understood. Child Welfare Managers will work to resolve your concerns through face-to-face meetings, facilitate meetings with the Supervisor and worker or may refer your complaint to the next level.

Option 3. You may contact the Regional Administrator associated with the location of your case. Please see the contact information below to contact the Regional Administrator in the area in which your case is located.

The Regional Administrator may ask the Child Welfare Manager and Supervisor to participate in the initial conversation in an effort to reach possible effective resolution.

- Option 4. You may contact the Field Services Manager @ 406.268.3770. The Field Services Manager may be able to assist you by providing clarifying information and/or coordination with the correct contacts and process for you to use in resolving your complaint.

If attempts to resolve your complaint, through these contacts, fail, you will be asked to proceed with the Formal Written Complaint Process outlined in the following sections.

NOTE: You can fill out the formal written complaint process at any point you choose.

What if I decide to go straight to the Department Director, Division Administrator, the Field Services Administrator or others?

- Typically, you will be redirected back to the most immediate and local options.

Do I have other options?

CFSD is committed to working with you to assess your concerns and needs. We realize, however, that sometimes we cannot find a suitable resolution and/or that you may want to address your complaints outside of the DPHHS Division. Here are a couple of options available to you:

1. You may contact the Child and Family Ombudsman @ 1-844-252-4453 or email DOJ.OMBUDSMAN@mt.gov
2. You may contact the Governors Citizen Advocate Office @ 406-444-3468 or 1-800-332-2272

What are my next steps?

The following section provides you with a Formal Written Complaint Resolution Form. Please feel free to fill this out at any point in the process. Please be as specific as possible and provide any supporting documentation you believe would be helpful to illustrate your concerns.

Formal Written Resolution Process

Step 1: Child Welfare Manager Review

If the complaint was not resolved through informal efforts, you may or maybe asked to file a formal written complaint with CFSD. At this stage, CFSD should be informed if you have a disability or if your first language is not English. If you are unable to submit the complaint in writing, let CFSD know so accommodations can be made.

- Write the complaint or concern and proposed solution on the CFSD complaint form. Please call the Child Welfare Manager for an appointment to discuss the complaint and bring the form in with you, or you may mail the complaint to the office as well. The attached contact sheet provides you the name, location and number for the Child Welfare Manager in your area. However, if you are uncertain who to contact, any Child Welfare Manager can assist you in making the correct contacts.
- The Child Welfare Manager will, within 5 working days from receipt of the complaint, contact you to convene a meeting with you, the CPS and the supervisor in an effort to determine if a resolution can be achieved.
- This meeting may result in an immediate resolution but if not, the Child Welfare Manager will offer you a resolution within 5 working days from this meeting.
- You may offer a counter proposal or if no resolution is reached, the Child Welfare Manager will submit your complaint to the Regional Administrator for a step 2 review.

Step 2: Regional Administrator Review

- The Regional Administrator will, within 5 working days from receipt of the complaint, contact you.
- The Regional Administrator will then discuss your complaint with the supervisor, the CPS and review the case file, contact other professionals who may be involved and review other documentation as appropriate.
- The Regional Administrator may convene another meeting with you, the worker and the supervisor to determine if a resolution can be reached after gathering additional information.
- This meeting may result in an immediate resolution but if not, the Regional Administrator will offer you a resolution within 5 working days from this meeting.
- You may offer a counter proposal or if no resolution can be reached, the Regional Administrator will submit your complaint to the Field Services Manager for a step 3 review.

Step 3: Panel Review with Recommendations

At step 3 the complaint is forwarded to the Field Services Manager for coordination of a panel review:

- The Field Services Manager will convene a review panel: The review panel consists of the Field Services Manager, Field Services Administrator and a Bureau Chief from the CFSD Central Office. The Indian Child Welfare Act specialist for the Division will participate in the review if the complainant is American Indian or the case involves an

Indian child. A representative from the Governor's Office and/or the Ombudsman may also be involved.

NOTE: An alternative could be a citizen review panel that includes members of the local advisory council. Releases would be necessary.

The review panel will consider the following:

- Consider the Step 1 and Step 2 responses to your complaint, and determine if the response is fair, appropriate and respectful.
- Consider what you want to happen as a result of your complaint and what can be done to possibly resolve your complaint.
- Consult with the Division Administrator; make a decision concerning the complaint and issue findings.
- Department of Justice Child and Family Ombudsman would make independent recommendations.

Withdrawal of Complaints

- The complaint may be withdrawn at any step of the procedure.
- Upon receipt of a letter stating the complaint is being withdrawn, CFSD will send a letter acknowledging the withdrawal of the complaint.
- The letter of acknowledgment will state no further action will be taken related to the withdrawn complaint.

Authorization and Documentation:

The Child and Family Services Division developed this process to assist in reaching resolution to your concerns and to assure that your concerns are documented.

Please Note: CFSD is not able to resolve complaints concerning a judicial determination your attorney must address those concerns.

Authorization: I understand that CFSD has full discretion concerning its acceptance, investigation and resolution of this complaint.

Also, I hereby affirm that this complaint is true and correct to the best of my knowledge. I hereby authorize the use of my name and this complaint in investigating the person or actions related to this complaint.

I have read or have been read the information above and understand the complaint resolution process. I am registering a complaint that is attached to this page.

Signature _____ Date _____

Note: Please print, Sign, and mail (or hand deliver) a copy of your complaint along with any paperwork you have regarding the matter to the Child Welfare Manager. We suggest you make or print a copy for your own records.

**Department of Public Health and Human Services
CFSD Formal Complaint Resolution Form**

Your Name: [Click here to enter text.](#)

Address: [Click here to enter text.](#)

Telephone number(s): [Click here to enter text.](#)

Alternative way to contact you: [Click here to enter text.](#)

Today's Date: [Click here to enter text.](#)

Date or time span of complaint issue: [Click here to enter text.](#)

Who have you talked to within the agency to attempt to resolve this complaint: [Click here to enter text.](#)

Describe your complaint: (be as specific as possible as to persons involved, your relationship to those individuals, and the decisions that were made or the action that was taken which is of grave concern to you) [Click here to enter text.](#)

What would you like to happen so that this may be resolved for you: [Click here to enter text.](#)

Your signature: [Click here to enter text.](#)

**DPHHS Child and Family Services Complaint Response
Step One**

Name of complainant: Click here to enter text.	Complaint Date: Click here to enter text.
Date received by Child Welfare Manager Click here to enter text.	Date of Review: Click here to enter text.
Response to complaint: (identify how information was gathered, persons interviewed, documents reviewed etc) Click here to enter text.	
Proposal to resolve complaint: Click here to enter text.	
Signed: Click here to enter text. Dated: Click here to enter text.	
Meet with or send signed form to complainant to complete information below.	
Complainants response to proposal for resolution: <input type="checkbox"/> I accept the proposal to resolve this complaint and consider the issue closed. <input type="checkbox"/> I do not accept the proposal to resolve this complaint and request level two review. <input type="checkbox"/> I do not accept the proposal and would like to offer a counter proposal as follows:	
Your signature: Click here to enter text. Dated: Click here to enter text.	
<i>After signing, this form must be returned to the Child Welfare Manager within 15 days.</i>	
Child Welfare Manager's response to the counter proposal: <input type="checkbox"/> The counter proposal is accepted and shall be implemented. <input type="checkbox"/> The counter proposal is rejected. The complaint shall be forwarded to the Regional Administrator for next step of review.	
Signed: Click here to enter text. Dated: Click here to enter text.	
<i>After signing this form a copy shall be provided to the complainant and if not resolved, form forwarded to the Regional Administrator.</i>	

DPHHS Child and Family Services Division Complaint Response Step Two

Name of Complainant: Click here to enter text.	Complaint Date: Click here to enter text.
Date Received by Regional Administrator: Click here to enter text.	Date of review: Click here to enter text.
Considerations: Click here to enter text.	
Findings: Click here to enter text.	
Decision and Directives (if any): Click here to enter text.	
Response to complaint(identify how information was gathered, persons interviewed, documents reviewed etc) Click here to enter text.	
Regional Administrator's proposal to resolve complaint: Click here to enter text.	
Signed: _Click here to enter text._ Dated: _Click here to enter text.	
Meet with or send signed form to complainant.	
Complainant's response to proposal for resolution: <input type="checkbox"/> I accept the proposal to resolve this complaint and consider the issue closed. <input type="checkbox"/> I do not accept the proposal to resolve this complaint and request level two review. <input type="checkbox"/> I do not accept the proposal to resolve this complaint and would like to have further review by the Division.	
Your signature: _Click here to enter text. Dated: _Click here to enter text.	
<i>After you sign this form, it must be returned to the Regional Administrator within 15 days.</i>	
Respondents response to counter proposal: <input type="checkbox"/> The counter proposal is accepted and shall be implemented. <input type="checkbox"/> The counter proposal is rejected. The complaint shall be forwarded to the Field Services Manager for the next step in the resolution process.	
Signed: _Click here to enter text. Dated: _Click here to enter text.	
<i>After signing this form a copy shall be provided to the complainant and if not resolved, forwarded to the Field Services Manager.</i>	

DPHHS Child and Family Services Division Complaint Response
Step Three

Name of Complainant: Click here to enter text.	Complaint Date: Click here to enter text.
Date Received by Field Services Manager: Click here to enter text.	Date of review: Click here to enter text.
Considerations: Click here to enter text.	
Findings: Click here to enter text.	
Decision and Directives (if any): Click here to enter text.	
Panel Representatives Signature: Click here to enter text. Date	
Copies to: <input type="checkbox"/> Field Services Administrator <input type="checkbox"/> Regional Administrator <input type="checkbox"/> Supervisor <input type="checkbox"/> Complainant <input type="checkbox"/> Division Administrator	